

JJIS ACCESS / PERMISSION REQUEST (Version 2.06 – July 2020)

I. ACTIONS REQUESTED **DATE:** _____

System Access: Add Update Permissions Update Credentials Suspend Reinstate / Resume Terminate

Reason(s): New Employee Transfer from: _____
 New Position Other: _____

II. USER INFORMATION - Section II must be completed in full!

Last Name, First Name, Middle Initial: _____ **Network/VPN Login:** _____

Credentials (LMHC, RN, MD and License #, etc.): _____

Agency: _____ **Date of Hire:** _____ DJJ Staff Provider Non-DJJ/Provider

Position Title: _____ **Unit / Program/Facility:** _____

Work Address: _____ **County:** _____

Work Email: _____ **Work Phone:** _____

III. PERMISSIONS REQUESTED- Check all permissions that apply to your service area and that are being requested. [View Permission Profiles](#)

<p>PREVENTION & CIVIL CITATION:</p> <input type="checkbox"/> Civil Citation – View Only <input type="checkbox"/> Civil Citation – Data Entry <input type="checkbox"/> Prevention – View Only <input type="checkbox"/> Prevention – Data Entry <input type="checkbox"/> AdminRights (DJJ HQ) <p>COMMUNITY PROVIDERS:</p> <input type="checkbox"/> Respite/DV Data Entry <input type="checkbox"/> Diversion Provider <input type="checkbox"/> Diversion Provider Supervisor <input type="checkbox"/> Probation Provider <input type="checkbox"/> Probation Provider Supervisor <input type="checkbox"/> Redirection/HBI/Transition	<p>DETENTION:</p> <input type="checkbox"/> Contracted - JDO <input type="checkbox"/> JDO <input type="checkbox"/> JDO Supervisor <input type="checkbox"/> Asst. Superintendent <input type="checkbox"/> Superintendent <input type="checkbox"/> Regional <input type="checkbox"/> Administration (HQ) <p><input type="checkbox"/> Secretary Specialist <input type="checkbox"/> Food Service <input type="checkbox"/> Maintenance Mechanic</p>	<p>PROBATION:</p> <input type="checkbox"/> Screener <input type="checkbox"/> Screener Supervisor <input type="checkbox"/> JPO - Pre Academy <input type="checkbox"/> JPO – Certified <input type="checkbox"/> JPO – Senior <input type="checkbox"/> JPO - Supervisor <input type="checkbox"/> Asst. Chief Probation Officer <input type="checkbox"/> Chief Probation Officer <input type="checkbox"/> Regional <input type="checkbox"/> Administration (DJJ HQ) <p><input type="checkbox"/> Administrative Support <input type="checkbox"/> Administrative Asst. <input type="checkbox"/> Intern <input type="checkbox"/> JDAI Staff <input type="checkbox"/> Operation Management <input type="checkbox"/> Reform Specialist <input type="checkbox"/> Secretary Specialist <input type="checkbox"/> Volunteer</p>	<p>RESIDENTIAL (DJJ):</p> <input type="checkbox"/> Commitment Manager <input type="checkbox"/> Regional <input type="checkbox"/> Administration (DJJ HQ) <p>RESIDENTIAL FACILITY STAFF:</p> <input type="checkbox"/> Clerical <input type="checkbox"/> Case Manager <input type="checkbox"/> Medical Staff <input type="checkbox"/> Mental Health Staff <input type="checkbox"/> Facility Administration <p>DJJ HQ OR STATEWIDE PERMISSIONS:</p> <input type="checkbox"/> HQ Executive Leadership <input type="checkbox"/> QI/SS Staff <input type="checkbox"/> IG Staff <input type="checkbox"/> Contracts <input type="checkbox"/> EMR - Audit Admin. <input type="checkbox"/> EMR - HQ Staff
<p>EMR - MENTAL HEALTH</p> <input type="checkbox"/> Clinical Staff - MH <input type="checkbox"/> Clinical Staff - SA <input type="checkbox"/> Clinical Staff - MH/SA <input type="checkbox"/> Licensed MH <input type="checkbox"/> Licensed MH/SA <input type="checkbox"/> Licensed SA/Cert. Prof.	<p>EMR - MEDICAL</p> <input type="checkbox"/> DHA/Designee <input type="checkbox"/> Medical APRN <input type="checkbox"/> Medical RN <input type="checkbox"/> Medical LPN	<p>EMR - MH/Medical</p> <input type="checkbox"/> Psychiatric APRN <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Records Clerk <input type="checkbox"/> EMR Management Reports	

IV. ADDITIONAL PERMISSIONS REQUESTED- training dates must be entered if requesting permissions.

<p>PMM:</p> <p>DATE TRAINED _____</p> <input type="checkbox"/> Master (HQ) <input type="checkbox"/> Contract Management Chief <input type="checkbox"/> Contract Manager <input type="checkbox"/> Admin. Audit <input type="checkbox"/> OHS Staff <input type="checkbox"/> Provider <input type="checkbox"/> External Monitor <input type="checkbox"/> Regional Monitor <input type="checkbox"/> Program Area Staff	<p>CAT ASSESSMENT:</p> <p>DATE TRAINED _____</p> <input type="checkbox"/> View Only <input type="checkbox"/> Pre-Screen Assessment <input type="checkbox"/> Full Assessment <input type="checkbox"/> Reports <p>YES PLAN:</p> <p>DATE TRAINED: _____</p> <input type="checkbox"/> View Only <input type="checkbox"/> Data Entry <input type="checkbox"/> Approval	<p>PREVENTION ASSESSMENT TOOL (PAT): DATE TRAINED _____</p> <input type="checkbox"/> View Only <input type="checkbox"/> Data Entry <p>RAY: DATE TRAINED _____</p> <input type="checkbox"/> View Only <input type="checkbox"/> RAY assessment/forms <input type="checkbox"/> RAY Management Reports <input type="checkbox"/> RAY Reports <p>CCC: DATE TRAINED _____</p> <input type="checkbox"/> Permission: <input type="checkbox"/> External Reports	<p>HUMAN TRAFFICKING SCREENING TOOL:</p> <p>DATE TRAINED _____ DEL PREV</p> <input type="checkbox"/> View Only <input type="checkbox"/> Basic Data Entry (add/edit) <input type="checkbox"/> Full Access (DJJ HQ) <input type="checkbox"/> HTST Alerts Reports <p>EVIDENCE BASED SERVICES:</p> <p>DATE TRAINED _____</p> <input type="checkbox"/> Reports Only <input type="checkbox"/> Data Entry- Interventions <input type="checkbox"/> Administrator (DJJ HQ) <p>Facilitators – Submit Facilitator Form to DIO</p>
<p>STARS: DATE TRAINED _____</p> <input type="checkbox"/> Facility Staff <input type="checkbox"/> Administrative (DJJ HQ)	<p>SVS: DATE TRAINED _____</p> <input type="checkbox"/> Add / Edit Staff <input type="checkbox"/> Reports	<p>DRAI: DATE TRAINED _____</p> <input type="checkbox"/> View Only <input type="checkbox"/> Data Entry	<p>EEEP: DATE TRAINED _____</p> <input type="checkbox"/> Dual Role <input type="checkbox"/> Records Contact <input type="checkbox"/> Educational Rep. <input type="checkbox"/> Transition Contact

JJIS VIEW ONLY Other permission not listed:

List all programs for which you need access. Permission will only be granted for listed programs. Attach additional sheet if necessary.

Programs/Facility: _____

Authorization required for permissions to be issued. Forms submitted without supervisor signature will be returned.

Supervisor: _____ Title/Unit: _____ Phone: _____

Supervisor work e-mail address: _____

Supervisor's Signature: _____ Date: _____

Contract Manager/Designee Signature: _____ Date: _____

DIO USE ONLY/SPECIALIZED APPROVAL:

OHS STAFF APPROVAL SIGNATURE: _____ Date: _____

CCC STAFF APPROVAL SIGNATURE: _____ Date: _____